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SCREENING FOR URINARY INCONTINENCE

Patient Name: _____

Date: _____

The 3 Incontinence Questions (3IQ)

Please answer all of the questions regarding your symptoms:

1. During the last 3 months have you leaked urine (even a small amount)?

Yes

No

2. During the last 3 months did you leak urine (check all the apply)

When you were performing some physical activity such as coughing, sneezing, lifting, or exercise?

When you had the urge or feeling that you needed to empty your bladder but could not get to the toilet fast enough?

Without physical activity and without a sense of urgency?

3. During the last 3 months did you leak urine most often (Check only one)

When you were performing some physical activity such as coughing, sneezing, lifting or exercise?

When you had the urge or the feeling that you needed to empty your bladder, but could not get to the toilet fast enough?

Without physical activity and without a sense of urgency?

About equally as often with physical activity as with a sense of urgency ?